

## Personal Plan Approval

Date:

Dear;

A copy of the Person-Centered Plan for \_\_\_\_\_ dated \_\_\_\_\_ is enclosed for your approval. Please check the appropriate box below to show if you approve the plan, or do not approve the plan. Return this letter to me in the enclosed self-addressed envelope within ten (10) business days. If you do not respond within 10 days, this may result in disruption of services.

☐ I approve the plan. I understand that I may revoke my approval of any or all parts of the plan at any time

☐ I do NOT approve the plan and will get in touch with you to discuss it.

\_\_\_\_\_  
Service Recipient or legal guardian

\_\_\_\_\_  
date

Thank you for your assistance.

Sincerely,